

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
LICENSE PROCESSING
PO BOX 327 – 20 WEST STATE STREET
TRENTON NEW JERSEY 08625-0327

APPLICATION FOR INITIAL (RESIDENT OR NON-RESIDENT)
INDIVIDUAL VIATICAL SETTLEMENT BROKER LICENSE

A. PERSONAL INFORMATION:

Full Legal Name:

Last, First MI (Example: Smith Jr, John A)

Resident Address: *If your address is located in New Jersey, you are considered a Resident Applicant.*

Room No. _____ Suite No. _____ Apt No. _____

Street Address

P.O. Box _____ You must supply a street location address; a PO box alone is not sufficient.
The City, State and Zip Code must reflect the location of the PO Box.

City _____ State _____ Zip Code (Include +4, if known) _____

County (If New Jersey Resident) Resident Applicants: Must attach proof of passing the product
portion of the Producer Life Examination.

Resident Telephone Number: _____
Area Code

Date of Birth: _____ - _____ - _____ Social Security Number: _____ - _____ - _____
Month Day Year

B. BUSINESS INFORMATION:

Business Address: *If your Business Address is located within New Jersey, you are considered a Resident Applicant.*

Room No. _____ Suite No. _____ Apt No. _____

Street Address

P.O. Box _____ You must supply a street location address; a PO box alone is not sufficient.
The City, State and Zip Code must reflect the location of the PO Box.

City _____ State _____ Zip Code (Include +4, if known) _____

County (If New Jersey Resident) Non-Residents: Attach a certification of current license status issued by
an Insurance licensing authority from your home state.

Business Telephone Number: _____
Area Code

Telefax Number, If any: _____
Area Code

Trade Name, if any: _____

Attach a copy of the certificate of incorporation or partnership document stamped 'FILED' by County Clerk, Secretary of State, or other recording authority. Recording by County Clerk, et al., **does not** guarantee acceptance by this Department – names that do not comply with N.J.A.C. 1:17-2.7 **will be disapproved**.

To ensure acceptance of your business names by this department, send a written request, ATTN: Supervisor of Licensing. You will be notified of department approval. Approval guarantees acceptance of your business name only if the license application is received within ninety days of notification (New Jersey resident applicants only).

C. YOU MUST ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

1. Have you been indicted or convicted of a crime, or convicted of a misdemeanor or disorderly person offense in this state, other state, or by the federal government or are such proceedings pending against you? YES NO
☐ ☐
If yes, enclose a certified copy of the indictment or judgement of conviction, which may be obtained from the clerk of the court where the conviction was entered, or the relevant summons or pleadings. In addition, you must provide a detailed explanation of the events leading to the indictment or conviction.
2. Have you had any business or professional license suspended or revoked (other than those related to a court ordered child support obligation) or are any such proceedings now pending? YES NO
☐ ☐
If yes, enclose a copy of the order seeking or granting suspension or revocation from professional or governmental authority.
3. Are you indebted (other than accounts current) to any insurance company, producer, viator, viatical settlement provider or insured, or has any judgement been rendered against you, which has not been satisfied or vacated, for money from or owed to any insurance company, producer, viator, viatical settlement provider or insured? YES NO
☐ ☐
If yes, give particulars, including complete details of any indebtedness and arrangements for repayment.
4. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? YES NO
☐ ☐
(Making a false statement may subject you to contempt of court)

D. YOU MUST ANSWER THE FOLLOWING QUESTION BY CHECKING THE APPROPRIATE BOX:

This Department is currently working with the National Association of Insurance Commissioners in the development of programs benefiting producers, regulators and insurance companies. Do you agree to permit the release of your social security number to the National Association of Insurance Commissioners? YES NO
☐ ☐

E. ALL APPLICANTS MUST PROVIDE A PLAN OF OPERATION THAT INCLUDES THE FOLLOWING:

1. Target markets and geographic locations.
2. Marketing and advertising strategies to attract potential viators.
3. Broker training procedures.
4. Detailed description of procedures used to keep medical information confidential.

F. IDENTIFICATION OF ALL ASSOCIATED VIATICAL SETTLEMENT PROVIDERS:

(PLEASE PRINT CLEARLY OR TYPE)

1	Name: <input type="text"/>
	New Jersey License Reference Number: <input type="text"/>
2	Name: <input type="text"/>
	New Jersey License Reference Number: <input type="text"/>
3	Name: <input type="text"/>
	New Jersey License Reference Number: <input type="text"/>
4	Name: <input type="text"/>
	New Jersey License Reference Number: <input type="text"/>

G. IDENTIFICATION OF STATES ISSUING YOU A VIATICAL LICENSE:

1	Name of State: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table> License Reference Number: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table>
2	Name of State: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table> License Reference Number: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table>
3	Name of State: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table> License Reference Number: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table>
4	Name of State: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table> License Reference Number: <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table>

ATTACH ADDITIONAL SHEETS IF NECESSARY.

H. I HEREBY CERTIFY THAT:

1. I intend to conduct business with the general public and not principally with respect to controlled businesses in which I or relatives share a controlling interest.
2. I give the New Jersey Department of Banking and Insurance permission to verify any information supplied with any federal, state or local government agency.
3. All of the information in this application and all attachments is true and complete. I am aware that submitting false information in connection with this application is grounds for revocation of license and may subject me to other civil or criminal penalties.
4. Each licensed nonresident viatical settlement broker shall, by application for and issuance of, a license be deemed to have appointed the Commissioner as agent to receive service of original legal process in this State in any cause of action or legal proceedings arising within this State out of transactions under the license. Service upon the Commissioner shall be of the same force and effect as if served on the nonresident viatical broker. This appointment shall be irrevocable for as long as there can be any cause of action against the nonresident viatical settlement broker arising out of viatical transactions for which a license is required.

	/	/	
Signature			Date

I. FEES

Licensee Fee	\$75.00	
Application Processing Fee	20.00	
Fingerprint Check Form Fee	<u>49.00</u>	For each set of two fingerprint forms
Total Fee	\$ 144.00	

Attach one check or money order for the total fee (as calculated above) made payable to "State Treasurer of New Jersey".

Disabled Veterans: The license and application fee will be waived if you submit a **DD-214** or recent certificate from the United States Veterans Administration confirming a current service connected disability.

If requesting a waiver, check the box to the right and attach a check or money order ☐
For \$49.00 Criminal History Check fee.